



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

X001753086
Date Filed: 1/21/2023
Expiration Date: 1/21/2028
John R. Ashcroft
Missouri Secretary of State

Registration of Fictitious Name

(Submit with filing fee of \$7.00)

(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

☒ New Registration ☐ Renewal ☐ Amendment ☐ Correction
Charter number *Charter number* *Charter number*

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Stone of help boy's home

Business Address: 14 Enfield Rd

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Saint Louis, MO 63132-4318

Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
BeHeard PAC	N001690699	24 Warson Ter	Saint Louis, MO	63124 - 1680	

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo)

BeHeard PAC - Spencer Toder

Owner's Signature or Authorized Signature of Business Entity

BEHEARD PAC - SPENCER TODER

Printed Name

01/21/2023

Date

Name and address to return filed document:

Name: Spencer Toder

Address: Email: spencer.toder@gmail.com

City, State, and Zip Code: _____